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48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

NAME OF COMMITTEE IN FULL FRIENDS OF BOB JOHNSON, LLC				
ADDRESS (number and street) PO Box 16401				
CITY, STATE, and ZIP CODE				
Savannah	GA 314	16-3101		
2. NAME OF CANDIDATE	3. OFFICE SOUGHT (State and District)		4. FEC IDENTIFICATIO	N NUMBER
Dr. Robert E Johnson	House GA 01		C00545418	
5. IS THIS AN AMENDMENT? NO, THIS IS A NEW FILING	YES, IT AMENDS THE NOTICE FILED ON		/	/
A. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer		Date (month,	Amount
Michael Sharkey	GDSCC		day, year)	
2400 Bellevue Rd			07/19/2014	2000.00
#21A	Transaction ID : 69E1D474B6637464D			
	Occupation			
Dublin GA 31021-2885	Physician			
B. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer		Date (month, day, year)	Amount
Christie Palmer	Optim Healthcare			
235 Westbrook Ln			07/19/2014	1500.00
200 (1000210011.2.)	Transaction ID : 6B5ABF8470D8244E			
Pooler GA 31322-9604	Occupation			
F00161 GA 31322-9004	Registered Nurse			
C. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer		Date (month, day, year)	Amount
	Occupation			
D. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer		Date (month, day, year)	Amount
	Occupation			
E. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer Occupation		Date (month, day, year)	Amount
SIGNATURE (optional) Edward Shapoff	[Electronically Filed]		For further information contact: Federal Election Commission 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-694-1100	

Any information copied from reports and statements filed under the Federal Election Campaign Act may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes other than using the name and address of any political committee to solicit contributions from such committee.

